



REPLY TO  
ATTENTION OF

**DEPARTMENT OF THE ARMY**  
HEADQUARTERS, U.S. ARMY MEDICAL DEPARTMENT ACTIVITY  
36000 DARNALL LOOP  
FORT HOOD, TX 76544-4752

**DARNALL ARMY COMMUNITY HOSPITAL HEALTH CARE PROVIDERS  
CHECKLIST**

The following documents are required of prospective health care providers prior to being granted clinical privileges and medical staff appointments:

1. Copies of qualifying education degrees (including diplomas) needed for the performance of clinical privileges.
2. Copies of required postgraduate training certificates for the privileges in the area of work; for example, internship, residency, fellowship, nurse anesthesia school, etc.
3. Copies of State licenses and current renewal certificates. A list of all licenses ever held will be provided, along with an explanation of any that are not current or that have ever been subjected to disciplinary action.
4. Copies of specialty board certificates and fellowship certificates, when applicable.
5. Copy of Educational Commission for Foreign Medical Graduates (ECFMG) certification, when applicable.
6. Copies of current Drug Enforcement Administration (DEA) Registration and Texas Controlled Substances Registration certificates, when applicable.
7. Copy of current Basic Life Support certification.
8. Copy of current malpractice insurance coverage, when applicable.
9. A signed and dated Curriculum Vitae (CV) to account for all periods of time subsequent to obtaining the initial qualifying degree.
10. Proof of current (within one year) competence. At least two letters of recommendation from appropriate sources in a, b, and c below are required. The letters will be mailed by the author to: Commander, USA MEDDAC, ATTN: MCXI-DCS-CR, 36000 Darnall Loop, Fort Hood, Texas 76544-4752.
  - a. A letter from either the Chief of Staff of the hospital, the clinic administrator, the professional supervisor, or the department head, if the appointee has professional or clinical privileges or is associated with a hospital or clinic.
  - b. A letter from the director or faculty member of the appointee's training program, if the appointee has been in a training program within the last year.

DARNALL ARMY COMMUNITY HOSPITAL HEALTH CARE PROVIDERS  
(Checklist - Continued)

c. A letter from a practitioner (in the appointee's discipline) who is in a position to evaluate the appointee's professional standing, character, and ability; for example, a peer or a president or secretary of the local professional society. A letter from a peer and a professional association or society association is mandatory if the appointee is self-employed.

11. A recent description of clinical privileges as concurred in by the supervisors of the practitioner.

12. DA Form 4691, Initial Application for Clinical Privileges. (Complete all boxes. If a box does not pertain to you, fill in with "NA.")

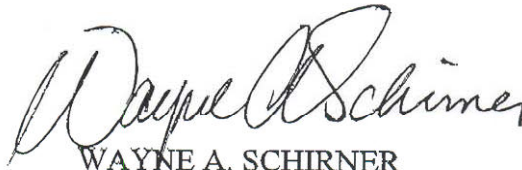
13. DA Form 5440-\_\_\_\_\_, Delineation of Privileges. Enter Provider Codes (1 to 5) for the privileges you are requesting at Darnall Army Community Hospital.

14. DA Form 5754, Malpractice and Privileges Questionnaire. (Initial your answer in applicable boxes.) Also, provide a statement of involvement in malpractice cases and claims, to include a brief description of the facts of each claim settled on behalf of the practitioner. Sign and date on 12a and 12b.

15. Statement of Affirmation/Release of Information. Complete, sign and date.

16. Contact the Credentials Coordinator, telephone 254-288-8025, or the following address, for the necessary blank forms. Send the required documents to:

Commander  
USA MEDDAC  
ATTN: MCXI-DCS-CR  
36000 Darnall Loop  
Fort Hood, Texas 76544-4752



WAYNE A. SCHIRNER  
Colonel, Medical Corps  
Deputy Commander for Clinical Services